

EMERGENCY DEBRIS SITE EVALUATION			
Date:		Arrival Time:	
Site Name:		Departure Time:	
AI #:			
Debris Site Contact:		Title:	
Phone:			
Evaluation Type: <input type="checkbox"/> Pre-Approved Debris Site <input type="checkbox"/> Temporary Debris Site (requested at onset of emergency)			
Site Status: <input type="checkbox"/> New <input type="checkbox"/> Previously-approved <input type="checkbox"/> Change in activity or modification			
Requested Activities			
Staging/ Segregation: <input type="checkbox"/> C&D debris <input type="checkbox"/> metals <input type="checkbox"/> white goods <input type="checkbox"/> woodwaste <input type="checkbox"/> tires <input type="checkbox"/> electronic waste		Composting: <input type="checkbox"/> vegetative debris Chipping & Grinding: <input type="checkbox"/> vegetative debris	
Preparation: <input type="checkbox"/> white goods Burning: <input type="checkbox"/> vegetative debris (open) <input type="checkbox"/> vegetative debris (air curtain destructor)			
<input type="checkbox"/> Other (Include debris types & associated activities) _____			
Verification of Site Location by Inspector			
Verification of Physical Location: The city name must be for the closest city in the same parish as the requested site. If the site does not have a 911 address, <u>detailed directions must be provided</u> from the nearest town/city and indicate specific street, road, highway, interstate, and/or location names. Indicate any landmarks and/or mile markers, if necessary.			
Address:		City/Zip Code:	
		Parish:	
Detailed directions: _____			
GPS Verification for Site Entrance:		LAT: _____ LONG: _____	
GPS Verification for Debris Activities:		LAT: _____ LONG: _____	
Site Criteria			
1. If this site has previously been evaluated, since the last evaluation have there been any changes at the site and/or surrounding area? If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Are there any obvious environmental issues associated with the site such as potable water wells, archaeological/historical deposits, endangered species, wetlands or flooding? If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are there nearby residences and/or businesses that will be inconvenienced or adversely affected by use of the site? If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are there any site safety issues? (e.g., power lines, pipelines) If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are any erosion and/or rainwater runoff control measures needed at the site? If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Is additional containment necessary for any wastes that have a potential for leaking? (e.g., white goods leaking Freon) If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. Are the roadways and entrance to the site suitable for trucks hauling debris? If no, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is the site fully accessible to fire personnel and equipment? If no, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is the size of the site sufficient for its intended use? If no, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is the general terrain of the site suitable for the proposed activities? If no, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are chipping & grinding activities more than 300 feet to residences, businesses, schools, hospitals, clinics, and roads? Are burning activities more than 1,000 feet? If no, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Are debris activities more than 100 feet to property boundaries and on-site structures? If no, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are debris activities more than 100 feet to nearby surface waters? If no, explain and provide the name of the nearest surface water, if it is named.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are debris activities more than 10,000 feet to the nearest airport? If no, explain and provide the name of the airport.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Are there specific conditions necessary to ensure protection of surrounding human health and environment, such as wind direction, waivers, or notifications? If yes, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: (Explain any answers from above. Include any other pertinent information regarding the suitability of the site for its requested activity. Include justification for denial or specific conditions needed to be added to the approval.) Attach additional comment page, if needed.			
Inspector Recommendation: <input type="checkbox"/> Site is recommended for ALL activities <input type="checkbox"/> Site is NOT recommended for any activities <input type="checkbox"/> Site is recommended for SOME activities (see comments) <input type="checkbox"/> Site is recommended with conditions (see comments)			
Inspector Name (PRINT):		Signature:	

Debris Site Evaluations

EMERGENCY DEBRIS SITE EVALUATION		
Date:	Arrival Time:	Departure Time:
Site Name:	AI #:	
Additional Comments:		

ATTACHMENT 3

Photograph Template

Facility Name:	AI#:
Location:	Parish:
Date:	Reason:
	Photographer:

Photo#: <u>1</u> of	Time:
Description:	

Photo #: <u>2</u> of	Time:
Description:	

Photo #: <u>3</u> of	Time:
Description:	